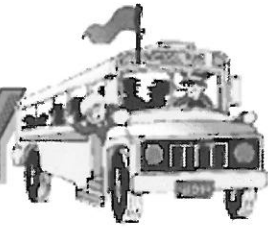


GATEWAY



TRANSPORTATION

REQUIRED DOCUMENTATION FOR ENROLLMENT FOR TRANSPORTATION

(Students attending Non-Public, Private, or Charter Schools)

Registration must be done in person at the District Administrative Offices.

Students Name: _____

School: _____

_____ Current Lease, Mortgage Statement or Deed (Must be original)

_____ Two (2) additional Proofs of Residency

Any combination of 2 of the following:

- Pa Driver's License
- DOT identification Card
- Current Utility Statement (will accept 2 utilities as proof)
- Property Tax Bill

_____ Child's Birth Certificate, Passport, Baptismal Certificate
(Must be Original)

_____ Enrollment for transportation Form

_____ Authorization for Verification of Address

_____ *Attending School must fax Verification of Enrollment 412-373-5731*

Transportation Eligibility Requirements:

- legal resident of Monroeville or Pitcairn
- student must be five years old before September 1st

If your school accepts students younger than Gateway School District's September 1st cutoff age of five, they WILL NOT BE transported by the Gateway School District. There will be no exceptions to this policy.

GATEWAY SCHOOL DISTRICT
9000 GATEWAY CAMPUS BLVD. * MONROEVILLE, PA 15146
FAX: 412-373-5731

GATEWAY SCHOOL DISTRICT
9000 GATEWAY CAMPUS BOULEVARD
MONROEVILLE, PA 15146

NON-PUBLIC, PRIVATE, OR CHARTER SCHOOL ENROLLMENT FOR TRANSPORTATION

Gateway Student ID _____

School: _____ Date: _____

Student Name: _____			
Last Name	First Name	Middle Initial	
_____	_____	_____	_____
Address _____	City _____	State _____	Zip Code _____
Gender: _____	Birthdate: ____/____/____	Grade: _____	Telephone: _____
Ethnic Group: (required)			
<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic
<input type="checkbox"/> White	<input type="checkbox"/> Multi-racial		

Parent/Guardian:	
1.) _____ Name	Work #: _____ Cell # _____
2.) _____ Name	Work #: _____ Cell #: _____

Emergency Contact:	
1.) _____ Name	Phone #: _____
Relationship:	<input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Neighbor/Friend



AUTHORIZATION FOR VERIFICATION OF ADDRESS RELEASE OF INFORMATION AGREEMENT

(The information contained in this form will only be used in cases where additional verification of residency is needed or if fraudulent information is suspected.)

(Parent or Legal Custodian will print his/her name and address.)

I, _____, do hereby give the Gateway School District authorization to contact any or all of the following to obtain verification of my address which is on file, or which I have used in filing forms with them. I further authorize the agency or employer contacted to release the requested information which will verify my address upon receipt of a photocopy or electronically transmitted copy of this form.

1. Internal Revenue Service
2. Employer - Name, Address and Phone _____

3. Welfare Agency or Related Health Services Agencies
4. Bureau of Motor Vehicles
5. Children & Youth Services
6. Landlord of Previous Address - Name and Phone _____

7. Landlord of Current Address - Name and Phone _____

Signature of Registering Parent/Guardian

Date

Address

Phone Number